



## DISCRIMINATION OR HARASSMENT COMPLAINT FORM

The purpose of this form is to report potential violations of the School District of River Falls [Policy 411: Equal Educational Opportunities \(Complaint Procedures\)](#) or [Policy 411.1 Harassment \(Complaint Procedures\)](#). Please review the policy and complaint procedures prior to submitting the form.

Copies of this form as well as the school policies can be obtained in the office of each school or on the school website at <https://www.rfsd.k12.wi.us/about/annual-notices.cfm>. Completed forms should be submitted to a building principal or superintendent.

### Complaint Details

**Student/Person filing complaint:**

**Date of Report:**

**Relationship to Student (if necessary):**

**Protected Class:**

Gender  
Race  
Religion  
Ancestry  
Pregnancy

Marital Status  
Sexual Orientation  
Gender Identity  
Disability

**Individuals Involved (attach additional paper if necessary):**

**Incident Description (attach additional paper if necessary):**

**Action Requested by person filing complaint:**

*\*Nothing in these procedures shall preclude persons from filing a complaint directly or on appeal with the U.S. Office of Civil Rights as authorized by federal law or with courts having proper jurisdiction*

**Signature of Person Filing Complaint:**

**Date:**

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## FOR OFFICE

**Date Received:**

**Received by  
Name:**

**Title:**

**Summary of Facts and Evidence by each party involved (attach additional paper if necessary):**

**Resolution:**

**Date of Resolution:**

**Date Resolution sent to complainant:**